

## VERIFICATION OF VETERANS BENEFITS

To: (Name & address)

Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date: \_\_\_\_\_

The individual named directly above is an applicant/tenant of the Federal Housing Tax Credit Program. Federal regulations require that we must verify income in order that the anticipated gross income for the next twelve months may be calculated. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely, \_\_\_\_\_  
Project Owner/Management Agent

RETURN THIS FORM TO:

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### To Be Completed by Veterans Administration

1. Compensation (service-connected): ☐ Disability ☐ Death ☐ Dependency & Indemnity  
Pension (non-service-connected): ☐ Disability ☐ Death

Effective Date of current award: \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_ Ending Date: \_\_\_\_\_

2. Allowance for Education or Training: ☐ School ☐ On-the-job

Effective date of current award: \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_ Ending Date: \_\_\_\_\_

Name of Training institution: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

3. Other Payments: \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

4. If any change in benefits is expected, please explain: \_\_\_\_\_

\_\_\_\_\_

5. Remarks: \_\_\_\_\_

Signature \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Name / Title (please print): \_\_\_\_\_

Date: \_\_\_\_\_